

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation HUMANE SOCIETY LEGISLATIVE FUND		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1255 23rd Street, NW Suite 455		
(c) City, State and ZIP Code Washington DC 20037-1525		3. FEC Identification Number <div>C C90009358</div>
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☒ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD:

FROM / /
10 24 2016

THROUGH / /
10 25 2016

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

[Electronically Filed]

Amundson, Sara, , ,

Amundson, Sara, , ,

10/26/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: F5N

Transaction ID :

Humane Society Legislative Fund received no contributions made for the purpose of furthering an independent expenditure and the source of funding was general treasury funds of Humane Society Legislative Fund, therefore no contributions are reported on Line 6 or Schedule 5-A

Form/Schedule:

Transaction ID:

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 6
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee
Humane Society Legislative Fund

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 24 / 2016Mailing Address 1255 23rd Street, NW
Ste 455

Amount

City State Zip Code
Washington DC 20037-1125

153.92

Transaction ID : A3333694C7EFA4830992

Purpose of Expenditure
Staff travel for Door-Knocking CampaignCategory/
TypeOffice Sought: ☒ House State: NJ
☐ Senate District: 05
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Gottheimer, Josh, ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 45042.26Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Humane Society Legislative Fund

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 25 / 2016Mailing Address 1255 23rd Street, NW
Ste 455

Amount

City State Zip Code
Washington DC 20037-1125

54.49

Transaction ID : AE97F44A4CCA74DF5BF3

Purpose of Expenditure
Staff time for mailer reviewCategory/
TypeOffice Sought: ☒ House State: NJ
☐ Senate District: 05
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Gottheimer, Josh, ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 47206.75Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Humane Society Legislative Fund

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 25 / 2016Mailing Address 1255 23rd Street, NW
Ste 455

Amount

City State Zip Code
Washington DC 20037-1125

61.60

Transaction ID : AA4DE4DDB61144CE19E8

Purpose of Expenditure
Staff time for Advertising ReviewCategory/
TypeOffice Sought: ☐ House State: WI
☒ Senate District:
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Feingold, Russell, Dana, ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 399390.78Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 270.01

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 6
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee
Humane Society Legislative Fund

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 25 / 2016Mailing Address 1255 23rd Street, NW
Ste 455

Amount

City State Zip Code
Washington DC 20037-1125

311.00

Transaction ID : AB63F36DB2C794D19B74

Purpose of Expenditure
Staff travel for Door-Knocking CampaignCategory/
TypeOffice Sought: ☒ House State: NV
☐ Senate District: 04
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Kihuen, Ruben, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 48566.43Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Humane Society Legislative Fund

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 25 / 2016Mailing Address 1255 23rd Street, NW
Ste 455

Amount

City State Zip Code
Washington DC 20037-1125

219.00

Transaction ID : A19462339A67C4FBC9E1

Purpose of Expenditure
Staff time for Door-Knocking CampaignCategory/
TypeOffice Sought: ☒ House State: NV
☐ Senate District: 04
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Kihuen, Ruben, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 48566.43Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
Joe Trippi & Associates

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 25 / 2016Mailing Address 606A N. Talbot Street
Ste. #203

Amount

City State Zip Code
St Michaels MD 21663-2110

109845.13

Transaction ID : A38B30A514548427F8D6

Purpose of Expenditure
Television AdvertisingCategory/
TypeOffice Sought: ☐ House State: DC
☐ Senate District: 00
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Trump, Donald, J., ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought 170465.56Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 110375.13

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 6
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee

Moxie Media

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 25 / 2016

Mailing Address P.O. Box 30084

Amount

1650.00

Transaction ID : ADC2CECE925D641A8BB

Purpose of Expenditure
Walk Piece ProductionCategory/
TypeOffice Sought: ☒ House State: NJ
☐ Senate District: 05
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Gottheimer, Josh, ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

47206.75

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Joe Trippi & Associates

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 25 / 2016Mailing Address 606A N. Talbot Street
Ste. #203

Amount

399329.18

Transaction ID : A6A08828FF9F84FA78C0

Purpose of Expenditure
Television AdvertisingCategory/
TypeOffice Sought: ☐ House State: WI
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Feingold, Russell, Dana, ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

399390.78

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

A&B Printing

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 25 / 2016

Mailing Address 2908 S Highland Drive, Ste B

Amount

1237.24

Transaction ID : ADC575D9D91CC4FD4A49

Purpose of Expenditure
Walk Piece ProductionCategory/
TypeOffice Sought: ☒ House State: NV
☐ Senate District: 04
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Kihuen, Ruben, ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

48566.43

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 402216.42

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 6
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee
Humane Society Legislative Fund

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 25 / 2016Mailing Address 1255 23rd Street, NW
Ste 455

Amount

460.00

City State Zip Code
Washington DC 20037-1125

Transaction ID : A024ACEC0B6EE4CB7A2

Purpose of Expenditure
Staff time for Door-Knocking CampaignCategory/
TypeOffice Sought: ☒ House State: NJ
☐ Senate District: 05
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Gottheimer, Josh, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 47206.75Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 460.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 513321.56
(carry total from last page forward to Line 7)